

STATE OF NEW YORK MORTGAGE AGENCY • MORTGAGE INSURANCE FUND ("MIF")

641 Lexington Avenue, New York, NY 10022

Tel: (212) 688-4000

APPLICATION FOR POOL AND/OR PRIMARY MORTGAGE INSURANCE: 1-4 FAMILY

Lender's Name _____

Address _____

Master Policy Number _____

SONYMA Number _____

Complete Coverage and Plan Options (check all that apply):

☐ Pool ☐ Primary _____ % of Coverage

☐ Standard Annual *or* ☐ Monthly

☐ Declining Renewal *or* ☐ Constant Renewal

Contact Name _____ Fax _____

Authorized Signature _____ Tel. _____

Date _____ E-mail _____

☐ Low Interest Rate Mortgage Program

☐ Construction Incentive Program

☐ Achieving the Dream Program

☐ Other _____

REPRESENTATIONS: Lender represents that all information contained in this application and in any supporting documentation, whether or not submitted with this application, is true and accurate and is supported by Lender's own Loan File, which shall be retained pursuant to the requirements of the application Loan program.

WARNINGS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information for the purpose of misleading, or conceals information concerning any fact material thereto, is subject to criminal and civil liability under state and/or federal law.

